

Weston, Connecticut

Application for Certificate of Appropriateness			
Date:	Application #:		
	Tappineution in		
Name of District:			
Name of Property Owner:			
Phone:	Email:		
Address of property where work is to be done:			
Name of Proposed Contractor (if known):			
Address of Proposed Contractor (if known):			
stone etc.	ade description of materials to be used, eg. wood shingles, bring,		
Proposed date of commencement:			
Proposed date of completion:			
Please note - All of the following should be included well as a photo of property  Scaled drawing of proposed work  Plot plan of property indicating location  Other helpful information, including information			
Signature of Applicant:			

To facilitate this application, the Historic District Commission suggests you meet with them <u>prior</u> to the public hearing. If you have any question, please call Leona Peiffer, Chair of the Historic District Commission at 203-451-8965, or the Town Clerk at 203-222-2616. Application can be emailed to <u>lpeiffer@westonct.gov</u>



## Weston, Connecticut

Action taken on:		n:	Application #:	
		(date)		
This C	ertificate	e of Appropriateness is:		
	<b>Granted, subject to the following stipulations</b> which are acknowledged and agreed to by the applicate by virtu of his/her signature hereto:			
	1.	page one must be commenced and co through its duly authorized agent, ma	months from the date hereon. All work described on ompleted within that period. If the work is not completed, the town, ay order the removal of the work which was commenced or take such at the structure to its appearance as of the date hereon.	
		Extensions may be granted at the dis	cretion of the Commission.	
2.	Additi	onal Stipulations:		
-			<del></del>	
-				
			Applicant Signature	
	NOT	Granted		
Chairp	ercon			
Спапр	012011			